

STORAGE QUALITY CONTROL REPORT				1. DATE MAILED (YYMMDD)		2. REPORT NUMBER	
3. MANAGING ACTIVITY/NICP ADDRESS <i>(Include office symbol)</i>				4. REPORTING ACTIVITY/SUBMITTING FUNCTION <i>(Include office symbol)</i>			
5. FEDERAL STOCK NUMBER		6. TYPE OF INSPECTION <input type="checkbox"/> CYCLIC <input type="checkbox"/> SHELF LIFE EXPIRATION <input type="checkbox"/> SPECIAL <input type="checkbox"/> RECOVERY <input type="checkbox"/> OUTBOUND SHIPMENT <input type="checkbox"/> OTHER <i>(Explain in block 35 below)</i>					
7. NOMENCLATURE				8. MODEL NO. <i>(If applicable)</i>		9. SERIAL NO. <i>(If applicable)</i>	
10. CONDITION CODE		11. LOT/BATCH/CONTROL NO.		12. EXPIRATION DATE (YYMMDD)		13. UNIT PRICE	
14. UNIT OF ISSUE		15. CONTRACTOR CONSIDERED LIABLE <input type="checkbox"/> YES <input type="checkbox"/> NO					
16. NAME OF CONTRACTOR/PACKER <i>(As applicable)</i>						17. CONTRACT NO. <i>(When applicable)</i>	
18. DATE OF MANUFACTURE (YYMMDD)		19. DATE OF PACK (YYMMDD)		20. LEVEL OF PACK <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		21. LEVEL OF PRESERVATION & PACKAGING <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
22. CONDITION OF PACKAGING <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY							
23. ADEQUATE MARKING <input type="checkbox"/> YES <input type="checkbox"/> NO		24a. NAME OF LABORATORY SAMPLES SHIPPED TO:				24b. QUANTITY SHIPPED	
24c. DATE (YYMMDD) SHIPPED <i>(If applicable)</i>							
25. SQL		26. NO. SAMPLES EXAMINED		27a. LOT SIZE		27b. LOT TYPE	
28. SERVICEABILITY STANDARD							
29. RECLASSIFICATION OF SUPPLIES INSPECTED							
Line Item	Condition Code	QUANTITY	LOCATION <i>(If applicable)</i>			ISSUE ACTION & COMMENTS FOR COND. CODES	
A						NEW OR EQUAL TO NEW UNLIMITED ISSUE	
B						SERVICEABLE LIMITED ISSUE	
C						ECONOMICALLY REPARABLE	
D						<input type="checkbox"/> DESTROYED <input type="checkbox"/> RECOMMEND DESTRUCTION <input type="checkbox"/> SHIPPED TO PROPERTY DISPOSAL	
E						SUSPENSE	
F						OTHER <i>(Specify)</i>	
30. ESTIMATED COST TO REPAIR \$		31. ESTIMATED COST FOR PRESERVATION, PACKAGING, PACKING AND MARKING \$				32. TOTAL ESTIMATED COST \$	
33. NAME OF ACTIVITY WHICH CAN PERFORM REPAIRS				34a. AUTHORITY FOR SPECIAL INSPECTION		34b. REASON FOR INSPECTION	
35. FINDINGS AND RECOMMENDATIONS <i>(Details of cause and nature of defect, malfunction, or repair. Photographs and drawings of equipment are to be attached when they assist in describing or substantiating the defect or recommendation.)</i>							
CONTINUED ON REVERSE <input type="checkbox"/> YES <input type="checkbox"/> NO							
36a. TYPED NAME OF INSPECTOR <i>(Last, First, MI)</i>				38. SIGNATURE OF RESPONSIBLE OFFICIAL		39. DATE SIGNED (YYMMDD)	
36b. TELEPHONE NUMBER <i>(Include Area Code)</i>		37. DATE INSPECTED (YYMMDD)					
40. DSC/ICP DISPOSITION INSTRUCTIONS							
41. SIGNATURE OF QUALITY ASSURANCE OFFICIAL		42. DATE SIGNED (YYMMDD)		43. SIGNATURE OF INVENTORY MANAGEMENT OFFICIAL		44. DATE SIGNED (YYMMDD)	